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2018

Hope Stories

Interview 7

Amador Health Center with Pamela L. Angell

Interviewed by David Lee del Norte

13 July 2018

La Paz Room at Jardin de Los Niños on the Hope Campus

Sponsored by Doña Ana County Historical Society

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Hope Stories 007 — 1h 51m duration. Recording held at Jardin de Los
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With guidance from public historian Dr. Jon Hunner, and support from Dr. Elizabeth Horodowich and Dr. Peter Kopp, in early 2018 Doña Ana County Historical Society awarded the Hope Stories project generous transcription funding through the Mary and J. Paul Taylor NMSU Student Scholarship.

Archivist and oral historian at New Mexico Farm and Ranch Heritage Museum, Donna Wojcik transcribed eight interviews of the project, provided invaluable knowledge about transcription craft, and kindly orchestrated narrator appreciation artwork from Ray Ortiz. Donna's interpretive insight and professional workflow support is unmatched.

Kara Andrea Lory's *The Cultural Geography of the Homeless in Las Cruces, New Mexico* remains must-read research. Available at NMSU Library Archives and Special Collections, Lory's 2003 thesis is an excellent historical source on the consolidated services model at Mesilla Valley Community of Hope, an important first step to learning more about Doña Ana County poverty and Las Cruces homelessness.

I am especially thankful to each of the sixteen Hope Stories narrators whose invaluable time, insight, and personal engagement with the homeless community cannot be highlighted enough. Seen together collectively with project oral history transcription and audio recordings, it is my wish as researcher that New Mexico citizens recognize each narrator's contribution alongside the many unnamed individuals who work to end homelessness and hunger in Las Cruces.

Project History

The Mesilla Valley Community of Hope (MVCH) is a homeless services corridor in Las Cruces, New Mexico. In the 1970s, Saint Andrew's Episcopal Church began Soup Kitchen service which later became El Caldito. As need for food and healthcare clinical service increased throughout the 1980s, the Las Cruces community supported Saint Andrew's congregation members with the opening of Saint Luke's Health Clinic. With a long history of compassionate services for visitors, the City of Las Cruces recognized the importance of limiting distance and travel-time between public health and human service organizations located throughout different parts of the city.

Incorporated as a non-profit in 1991, additional support continued to form what became known as a collaborative alliance with operations at 999 Amador Avenue nearby to downtown Las Cruces. In 2011, following a particularly harsh Las Cruces "Deep Freeze" winter that caused health concerns for the housed, and deaths for the homeless due to exposure, Mesilla Valley Community of Hope staff banded together with clients to appeal to the City of Las Cruces for sanctioned overnight camping status to found the Camp Hope transitional living program.

In 2018, the Hope Stories project collected fifteen oral history interviews to learn about the development of the consolidated services model at Mesilla Valley Community of Hope. The term "Corridor of Care" refers to a perspective in the healthcare industry known as the consolidated services model that helps people access health and human service related programs in centrally located "Hub" or "Node" areas.

This public history graduate project asked participating narrators questions about how the Las Cruces community first began to advance, reinforce, and collaborate through the actions necessary to become the Hope Campus at Mesilla Valley Community of Hope. Rather than conduct interviews with those who experienced homelessness, the project features staff and volunteer narrators who shared community engagement stories about the consolidated services corridor concept.

Two additional perspectives from outside the Hope Campus, the fourth interview with Glenn Trowbridge took place at CARE Complex in Las Vegas, Nevada, an out-of-state counter-balance to the history of homeless consolidated services in the United States; while the fifteenth interview with Kit Elliot and Meg Long occurred at Aggie Cupboard on NMSU campus, a satellite food pantry inspired by Casa de Peregrinos.

Today's work to help the homeless in Las Cruces is the result of a compassionate, multi-organizational approach by non-profit service providers. In 2018, these five core non-profit homeless services include Mesilla Valley Community of Hope; Casa de Peregrinos food pantry; El Caldito soup kitchen; Jardin de Los Niños educational program; and Amador Health Center (formally Saint Luke's Health Clinic).

With Hope Campus the geographic center of non-profit homeless service providers in Las Cruces, it is important to note resources offered by City of Las Cruces, State of New Mexico Health and Human Services, and many other local organizations not located at 999 Amador Avenue. For a comprehensive listing of community service organizations, including for those experiencing homelessness, use online search term "Las Cruces Community Resource Guide," or ask for an updated copy.

Narrator Summary

Pamela Angell grew up in Fairfield, Connecticut. With a Professional Writing degree from University of New Mexico, Angell wrote for a small newspaper in Grants, New Mexico, later relocating to work as a reporter for the Las Cruces Sun News writing about Borderland politics, New Mexico Colonias, and American Education. Angell went on to serve as director for Doña Ana County Humane Society in Las Cruces.

In 2001, as executive director of Mesilla Valley Community of Hope, Angell advocated for Las Cruces homeless services and organized fundraiser events to increase community awareness. During this time, Angell earned a Masters of Public Administration from New Mexico State University. In 2010, Angell joined the Committee on Veterans' Affairs to deliver statements to the U.S. House of Representatives on the topic of "Providing Essential Services and Benefits to Veterans in New Mexico and Across America."

In 2011, Angell became executive director of Saint Luke's Health Clinic, during which time the Las Cruces community experienced increased cases of homelessness. Rather than prohibit overnight camping, Angell asked members of the homeless community to identify the resources they needed and wanted. This collaboration between Hope Campus leadership, the homeless community, and Las Cruces City Council resulted in temporary measures for the tent-city known as Camp Hope. Eventually zoned to address public safety concerns, and legally sanctioned by the City of Las Cruces, under the model of "Self-governance" Camp Hope offers residents Housing First transitional living with access to partner programs located on the Hope Campus.

In 2012, Saint Luke’s Health Clinic organized Cafe Salud, a weekly Harm Reduction Program event designed to support wellness and wellbeing with vital nutrition, exercise, and health triage information. During the first Cafe Salud, a New Mexico Department of Health (NMDOH) mobile clinic offered free HIV and Hepatitis screenings, personal safe-sex kits, and a needle and syringe exchange. The event also offered a Naloxone aerosol spray training session to advocate for the prevention of opiate overdoses.

In 2018, Angell helped orchestrate a campaign to renovate Saint Luke’s Health Clinic facilities and services. Rebranded by name, logo, and Hope Campus location, no longer considered an unsustainable “Free Clinic,” Amador Health Center increased behavioral and clinical healthcare opportunities with low-income sliding-fee billing schedules alongside Las Cruces community access for those covered by health insurance.

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- 01:33 - Narrator biography
- 03:52 - Education and career potential
- 05:56 - Travel, camping, backpacking, vacationing; differences between Living-Rough
- 08:24 - Personal experience with student homelessness
- 11:16 - “Family connection” and “Living in the shadow of homophobia”
- 13:25 - Work programs, Income Support, Food Stamps, and Title IX training
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- 17:46 - Doña Ana County and former NM governor’s perspective of federally designated Colonias
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01:39:53 - Destigmatization of homelessness and community of Las Cruces compassion

01:42:30 - Social equality, love and respect, and the importance of lack of judgement

01:44:11 - Affordable housing, “Shared housing unit” development, cost effective living

01:45:40 - “Unequivocal healthcare for everybody” in the United States

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Interview 7 of Hope Stories — July 13th, 2018

David Lee del Norte: This is the Mesilla Valley Community of Hope Stories number seven, a New Mexico State University Public History Project. Today's narrator is Pamela Angell. Pamela Angell. The interviewer is David Lee, and the file name is 18HOPE_0207.wav. The recording is being held at Jardin de los Niños La Paz Room on the Hope Campus. Today's date is the 13th of July, 2018. It's about ten-thirty in the morning on a Friday. It's a beautiful day. Pamela, can you tell me your full name?

Pamela Angell: Yes, my full name is Pamela Louise Angell.

del Norte: And what's the location that you consider your home town?

Angell: Las Cruces, New Mexico.

del Norte: And your current role at Mesilla Valley Community of Hope?

Angell: I am the CEO of Amador Health Center, which we just changed the name last week. We did rebranding. It formerly was Saint Luke's Health Care Clinic. That's actually still our legal name, but our new common name is Amador Health Center.

del Norte: Are you from a small or a large family?

Angell: I grew up in the suburbia of Connecticut. You know, a bedroom community of New York City, and I have three older brothers, and two parents, and some cousins. A little extended family.

del Norte: Do they ever visit Las Cruces, your parents, or your brothers?

Angell: My parents actually moved here as did one of my brothers, and then my nieces and nephews, and brothers and their wives visit periodically, more when my parents were alive, but they still like to get out to the Southwest.

del Norte: Sure. Before we locate in the Southwest, can you tell us a story about growing up in Connecticut?

Angell: Yeah. I always was really, felt very appreciative of where I grew up. My parents had purchased a house when I was newly born; I was like six months old, in Fairfield, Connecticut, in a new development, and it was on a gravel pit, and within six months of them buying this house with this big, huge gravel pit in the backyard, the developers dammed it, and it became a mile long lake in our backyard. So, my parents never had to send us to summer camp because we got to skate in the winter, play hockey, swim in the summer, go turtle hunting, fishing, boating. It was an awesome place to grow up.

del Norte: Wonderful. I thought this was going to be a sour story because you might have lost your housing area because of the dam, or something, but this is—

Angell: No.

del Norte: —actually a positive, that they developed [the area] the way that they did.

Angell: Yeah, it was amazing, and it's a beautiful spot. We go back, and we sneak in because it's a private lake association, but we [go] into the driveway where the private beach is, and we always take pictures, and look at our house.

del Norte: Where did you go to school during that time?

Angell: I went to Andrew Ward High School in Fairfield, Connecticut, and then I jumped around for colleges. It took me a very long time to figure out, and know, what I wanted to do. I wanted to be a marine biologist, a geologist, an astronomer, all these different things, and then I realized: Wait, I don't really like science, and I really don't like math, so I switched to English and writing, and so it took a long time to figure out what I wanted to do, and my true purpose in life.

Angell: But, I went to school in New Hampshire, Frank Koenig College. It went bankrupt after my first semester as a freshman. I went to school at Boston State College in Boston. It went bankrupt after my second year there. They transferred everybody to U-Mass [University of Massachusetts], Boston, so I went there.

Then, I went to UNM [University of New Mexico], Albuquerque where I actually got my degree in English, Professional Writing, and then I followed a route to a small newspaper in Grants [New Mexico], a bigger newspaper in Las Cruces, and then I got a job as the director of the animal shelter here for the Doña Ana County Humane Society. And I went back to school and got my graduate degree in Public Administration, Masters [degree] in Public Administration.

del Norte: Here at NMSU [New Mexico State University]?

Angell: Yes.

del Norte: Excellent.

Angell: That was 2004.

del Norte: You mentioned earlier, before we began the recording, you travelled, backpacking Europe, and the differences between living rough and backpacking. Can you talk about some of your travels?

Angell: Yes. My most exciting thing I still try to do is go visit a friend of mine who's— She's a fire lookout in the Gila Mountains, but this year I wasn't able to hike the twelve arduous miles up to her tower, which is at eleven thousand feet, because the trail was closed due to fires. But, I've done a lot of camping as a kid. I think our parents are really instrumental in helping shape who we wanna be, or what we wanna do by activities, or what we don't wanna do. They're kind of— I was taught what I didn't wanna do, and what I do wanna do. So, I've done quite a bit of camping. Like a fool, I brought a full backpack and a sleeping bag to Spain when I went about ten years ago, and realized you can stay in— They have little shacks you can stay in. You don't need to pitch a tent because it's heavy carrying that stuff around for three weeks.

So, but one thing I noticed after I started working at Community of Hope, where I worked for ten years, was I was going on vacations to camp, and to hike, and to backpack, and then I'd come back and then I'd see our clients, and I would think, "Oh, my God. I go on vacation to do what they have to do every night, but I'm going in safer spaces, and for a limited amount of time, and well-prepared with funding." I've got all my food, I have my credit cards, but it was interesting to realize: "Wait. They're rough sleeping here in our community, and I go and do that for fun."

del Norte: I think it's an interesting perspective, especially because there's that fine line, just a little bit of money, credit cards, some resources like your backpack, and whatnot, and a lot of homeless folks have those, but they might have other things in their lives going on that prevent them to getting into a home, or getting healthcare, and so on.

Angell: Yes.

del Norte: Can you talk a little bit about your first experiences with homelessness in the United States?

Angell: Yeah. Actually, my first experience with homelessness was when I was nineteen, and I had fallen in love with a woman, and we were—I was going to move up to be near her. I was living at home at the time because my school went bankrupt. And so, I was living at home, and then my mother found out I was gay, and she kind of flipped out, and gave me an ultimatum. “You can go to Southern Connecticut State College, we’ll pay for all your college education, and be heterosexual, or you can move to Boston, and never come home again.” So that, at nineteen, being in love for the first time, was a really no-brainer. Like, if I do this, if I do what she wants, which is really different from what I was feeling inside, then that’s gonna just go on my whole life.

So, I’ve gotta break away, and take the road that I was planning, but then my girlfriend broke up with me when I got there. So, we actually hadn’t talked in weeks because of this turmoil with my mother finding out that I was gay, and when I got there she was kind of like, “What are you doing here?” So, I ended up sleeping in my car for about a month, and trying to find apartments to rent. I was accepted at Northeastern University. I was actually on the field hockey team.

Angell: So, I was homeless the first month of school, playing field hockey, until I was able to find a job, and actually, family— I have a brother who also happens to be gay, who my parents accepted because I was the little ballerina, you know— I have three brothers. So, he found me a job at an awesome café his friends owned in Cambridge, Harvard Square, that was kind of a precursor to Starbucks, called the Coffee Connection. So, I got a job, and I was able to take over my expenses, covering my expenses, getting an apartment, and then living, going to school in Boston, struggling financially sometimes. But, sometimes doing really great making waitressing money.

So, it was interesting. I forget sometimes, working here on this campus for sixteen and a half years, “Oh yeah, there I was.” And there— but, for my brother finding me a job, me having that connection with a family member who wasn’t rejecting me, you know, I was able to climb out.

Also, having a decent education, having grown up in a loving home, having good teeth, and then getting a job, and that family connection, and it was only within a few months, by Christmas I went home, and was invited home for Christmas with my family, and my mother let go of her animosity of having a gay daughter, her only daughter. And actually it was like twenty years later I had to tell her, when she moved to this community, “Mom, don’t out me,” because really I’ve lived in the shadow of homophobia for forty years, and it wasn’t until gays-in-the-military [Don’t ask, don’t tell Repeal Act of 2010] were allowed in the military that I finally really felt comfortable about, “It doesn’t matter who knows what.” You know? Otherwise, I was always changing pronouns.

del Norte: Yeah. Right, right. I'm reminded of the Project Link program here. When you were having trouble at— Is it Boston Mass [University of Massachusetts] that went under, or the school that went under, and you were a student trying not to live in your car, to be in the same town with the woman that you loved, and what not, I mean, was there anything to help young people that were at risk of being homeless then?

Angell: You know, I don't know to, if there was directed at that time because this was about 1979, but there were— I was able to get food stamps. I got in a work program for low-income people, so I went to the Income Support [office], and then I got in a work program for women in construction. It was training as a carpenter, and then, also waitressing at this café, but then they actually got me a job, but then I decided to go back to school, or to con— It was too much. Working in construction, waitressing, and going to school full-time.

So, waitressing was paying more than construction, but it was more programs for low-income people, but certainly the CETA, it was CETA. I forget what it stands for. C-E-T-A [Comprehensive Employment and Training Act]. But, it was the program I got in, that I got lead to when I went for food stamps. They said, "Oh, you should see about this program." So, there was Human Services there to help people, and it was designed to get women into construction, because I think [it was] Title IX [Federal civil rights] where the laws changed, and there were hardly any women working in the construction fields because there was no training for them. So, it was kind of opening that field to not just male employees.

del Norte: (Simultaneously) Sure. What is your perspective on finding and keeping healthcare in Las Cruces, and Doña Ana County, for the average low-income family?

Angell: I think it's so crucial. If people don't have good health, or good health care which leads to good health, they don't feel well enough to go to do family functions, do social functions. Go to the movies with their kids. Go to their schools, and see them in a school play. Or people with very chronic illnesses, or just don't feel well, can't get out and engage in the community. They can't volunteer. Also, they can't hold a job. So, I think it's like an economic social factor for people. And including substance-use disorders, and mental illness, there's a lot of programs here in our community for those things. And that, I've seen, especially on the campus of agencies here at Community of Hope, people get into housing, and then get into counseling, and then get into healthcare.

So, if you don't feel good you can't really function. Even this morning, I woke up with a stomach ache, and I was like, "Ugh, I have to come do this interview." But, it eased up. I don't know. It wasn't that bad, but if it was worse, you know, there's been times when I've gotten the flu, and I can't get out of bed, and I think as an employed person: I'm able to go get any healthcare I need. I was very sick in the hospital about eight years ago, for a week, and I had health insurance, and it was very affordable for me. It was pretty expensive because there's a co-pay, but two-thousand five-hundred dollars as opposed to eighty-thousand, or one-hundred thousand dollars, that would have put me in debt for the rest of my life.

Angell: So, I think health insurance and healthcare are just crucial to our— everybody in the world. You look at these people in third-world countries who don't have adequate water, and then you realize that there's people in the south [Doña Ana] County that are under the same situation.

del Norte: Do you mean the Colonias?

Angell: Yeah.

del Norte: Have you worked with clients from New Mexico Colonias or Doña Ana County Colonias?

Angell: Because I'm the CEO, and the administrator, I don't have that much connection with the clients, but I know we do get people from very low-income, poor communities in the rural areas, and probably some from the Colonias, and down in Chaparral [New Mexico]. I remember when they were developing, I worked at the [Las Cruces Sun News] newspaper, and we did one of the first stories on the Colonias, and it was really interesting. One of the— the Governor, or a reporter asked the Governor, "What do you think about the Colonias in Doña Ana County?" And he said, "What's a Colonia?" And that was really when people were starting to realize, "Wow. There are people living in substandard housing with no running water, [and] open sewage in five miles from our houses."

del Norte: Yeah. I recently learned that Tortugas [New Mexico] is now a federally designated Colonia.

Angell: Wow.

del Norte: So, my knowledge is there's one-hundred and thirty-six [Colonias] in Doña Ana County alone.

Angell: Wow.

del Norte: So, this would be those little spots you pass by, and you see a trailer house, that could be a few different families. It might be spread out.

Angell: Yeah. Yeah.

del Norte: At first I thought they were like, incorporate, or wanted to be incorporated cities, but they're actually quite small sometimes, and they surround Las Cruces. It's a lot to think about. Can you talk a little bit about the difference between sanctioned and unsanctioned in terms of healthcare here on the Community of Hope campus.

Angell: I think I don't know what you mean, the difference between sanctioned and unsanctioned.

del Norte: So, maybe I'm mixing up the question a little bit, where unsanctioned use of the property wasn't allowed before the Community decided to get sanctioned overnight camping on the campus.

Angell: Oh. The tent-city?

del Norte: Yes.

Angell: Oh. Okay.

del Norte: And I jumped ahead a little bit there. Can you talk a little bit about your first experiences with, what we call today, a tent-city, but mainly how it's changed since there's been more acceptance.

Angell: Yeah. Well, it was really interesting because when I was the Executive Director of the Mesilla Valley Community of Hope, we always would go home before it got dark. And because we'd work [until] five, five-thirty, six, we're gone, and it wasn't until I started coming at night, like to do some extra work, or meetings, that I realized there were at least a dozen people tucked around the building in sleeping bags. It looked like little caterpillar pods. And so people were sleeping here, there, you know, for who knows how long. I just didn't really notice, and then the director of Saint Luke's, in 2011, she let a couple patients, that really wanted to keep track of set-up tents, sleep right outside the little clinic.

Angell: And that started, and they were very specific: “You can’t have any alcohol.” “You need to be really well behaved,” but “We need to take care of you,” and “You need to be right here” for their health care. And then, what happened was, other people started saying, “Oh, hey.” And they started setting-up tents, and there was a guy sleeping behind a shed, and before you knew it there was maybe fifteen or twenty people sleeping out. So, there was no organization as far as, you know, restrooms, and safety, and security. There, you know, it wasn’t— I lived a mile away. It wasn’t safe for me to come at night, and check how things were going with a flashlight.

I used to walk back here a lot with my dogs, even at night, but fifteen years ago it just felt safer around here in general. Not just this neighborhood, but just generally speaking I feel like our community has gotten, like all communities, more violent and scary, and I just don’t walk alone at night anymore with my dogs like I used to. But, I would walk down here. It wasn’t really safe. It wasn’t hygienic. There was no supervision, so there could be big parties, and there were. And there was violent incidents happening, people being attacked here on the property, from the [Las Cruces] community.

A bunch of teenagers, one day, came over and beat up people who were sleeping. So, that was the unsanctioned, and the people that were sleeping there actually felt safer there than trying to rough sleep someplace else in the community, behind a dumpster, behind a business, tucked under a bush off of this or that street, in a ditch, under a bridge. They felt safe because, I think, they felt the welcoming safety of the Community of Hope on a daily basis, so they came there, but it was becoming a problem.

Angell: The City was giving me pressure as the Executive Director of the agency, the one responsible, because now it's Nicole Martinez. She's responsible for the whole campus even though we have independent agencies on the campus. The Community of Hope is response— They're the building and land manager. So, when I had the position, I was getting a lot of pressure from other agencies, from the City, for letting people sleep on the property.

So, we got Randy Harris to come bring Great Conversations. Every Tuesday morning we'd meet, I think it was at 10 [o'clock], and we'd say, basically it'd be like, "What are we gonna do?" "Pamela needs to kick you off at night. She's getting a lot of pressure." "It's gonna be getting cold." This was late September, 2011. "What are we gonna do?" You know. "Where are you gonna go?" "You can't keep popping-up more tents here on this property. It's not allowed." So, then they, the homeless said— because we started with maybe ten, fifteen people at the meeting, and it got as high as twenty-something.

And they started coming up with ideas, and they said, "Why don't we do a tent-city right outside the administrative office, of this building, in that field over there?" And then, we went to city council, and really, "It's good to start there" because even though they don't, you know— They can apply pressure to city staff. So, we went to city council. Two of the homeless clients rose as leaders. This was within like six weeks, five weeks, of starting these meetings, and we made a presentation, and then we met with city leaders, and then we met with the Fire Department, and they allowed us to— I was going for a temporary tent-city, just to get us through the winter while we see if we could come up with other ideas, and so they allowed us to do that.

del Norte: At that time, did the community have any concept of the corridors of care, the havens of care, the complexes of care that are happening currently? Because it seems like this is really cutting edge, and then, now other communities are repeating what's happened at Community of Hope.

Angell: Yeah.

del Norte: Was it the beginning stages?

Angell: I think there are some other communities that do this, but there are very few like all-encompassing. I think the concept put together by the parishioners at Saint Andrews Church, and Dr. [Nancy] McMillan was really a great concept: To have a One-stop shop. And I think more of those have developed over time, but people do look at the campus as a model, and also the tent-city. Because now the tent-city, when I left shortly after it started and decided, "I'm gonna go try to develop Saint Luke's Health Clinic," because it wasn't meeting the needs that I saw for ten years at Community of Hope as far as behavioral health, and hours of operation. It was a free clinic with all volunteer providers, so I thought, well, let me go there, and see if we can transform that.

del Norte: This is interesting because Saint Luke's opened in the early 1990s.

Angell: Yes.

del Norte: So, the clinic existed to help homeless folks, and you're piecing something together for me here. This is really good, and 2011 is twenty years later, so you're talking about the existing Saint Luke's program [that] needed to be altered, or at least upgraded, to accommodate what was happening at the Community of Hope.

Angell: Yeah, because the Community of Hope was built, the first building, in 1998, and Saint Luke's moved into it. That was one of the anchor agencies. Saint Luke's did start in 1990 or 1991 at the church, but they moved over in 1998, and then I came on in 2001, and I, with my staff, my few staff at Community of Hope at that time, we were in the lobby of a family shelter in the first building. That's where Community of Hope got its start, and I was, I think, the second or third director since 1994. In 2001, we were able to get funding. Jardin de los Niños, the second building, had just opened when I started in 2001 at Community of Hope, and then we were able to get funding, and build the building, and bring in [Casa de Peregrinos] food bank. So, now we had three buildings.

But, I think economically, it wasn't just the phenomena of "We built a campus, and people are gonna come." You know, that's what people [were] afraid of, like the [Movie] Field of Dreams. "You build it, they will come." It was a financial phenomenon in our nation for the last twenty, thirty years. I just went to a rally in Minneapolis. It was part of a homeless conference, homeless healthcare conference, and one of the women said, "You know, it really disturbs me that I am older than the homeless situation in our country."

Angell: She was thirty-five, and she's like, this, you know, massive homelessness, is really a result— First, it was [Ronald] Reagan kicking people out of mental healthcare facilities in, when was that, the seventies, eighties?

But now, what we have is unaffordable housing, gentrification of our cities, greater population, the whole tech-economy. Twenty-two year olds making one-hundred and fifty thousand dollars a year, and four-hundred of them moving into neighborhoods, in all these different cities, and driving up rent costs. There's not enough affordable housing. I think greed has certainly grown in the last thirty, forty years. When I was growing up, greed didn't seem to have that big a place, and I think greed has helped drive homelessness, too, because people just don't really care if they throw people out of their houses.

And these are families who have lived in places, and the same thing happens in Las Cruces, too, in our neighborhoods, too, and it's happening nationwide. But, people live forever in this small neighborhood in town, and then it suddenly becomes “Hot” [property], and a lot of them haven't bought or purchased it.

They're renters, and then suddenly they're getting eviction notices. So then, they move to another place, maybe “Hot” like the nice cool [neighborhood] area to live in. They move there, a little bit farther away, and then that place becomes the “Exciting, chic place” to live, and then they move farther away.

del Norte: These are interesting nuances that I hadn't considered, especially, well, gentrification is an extreme problem that we've had over the years, but thinking about it in terms of twenty-two year olds making millions of dollars, and then, they can go wherever they want. They can move into any type of housing situation where others are left, literally, on the street, when there's housing available, yet at a high price.

Angell: Yeah. Yeah. And there's been a lot of cutbacks in housing funding. I mean, there's a lot more population, but HUD [Housing and Urban Development] was a really great development.

del Norte: You say, "Was."

Angell: HUD.

del Norte: Was [in the past a great development]?

Angell: Well, I think it still is, but it gets— It's getting sliced and diced.

del Norte: Can you talk about that a little bit, especially in terms of someone like me that doesn't know much about the "Sliced and diced" that's occurring?

Angell: Yeah. Well, the Housing and Urban Development, that federal program— I mean, it's had its problems over time. It developed— a lot of the big cities have big public housing complexes that became rife with drug use, and violence, and skyscrapers with very little services, or I'm just thinking about the different places I've seen growing up on the east coast, and even here [in New Mexico] a little bit. But, I just think there's a lot of federal cutbacks, and [to] funding for affordable housing, vouchers for— to help low-income people. And low-income people are making minimum wage. A lot of them are working.

I had to work when I was nineteen, trying to make it. I worked an insane amount of jobs. I was a carpenter. I was a waitress, and, you know, other places in New Mexico, too. I worked multiple jobs while I was going to school. So, I think people have to work so much, and when their rents go up, and unless there's enough vouchers for affordable housing, or getting people off the streets, I think HUD—

When I started working at Community of Hope in 2001, there was big shift for chronically homeless, and a lot of housing funding came down to help take people off the street. They're realizing that homelessness wasn't just Lily Tomlin's "Bag Lady" [Fictional character] with the shopping cart, that that was far-and-few between.

And growing up next to New York City, that's really where I saw the first homeless, was like the shopping cart people in New York City that had severe mental illness, but now it's families without severe mental illness. It's "Dad got laid off," and they can't afford their rent anymore, or their mortgage.

Angell: The mortgage crisis, where all these big banks got forgiven [Bailed-out], and all these well-income people, or moderate-income people, lost their homes, and everything they had, and suddenly the trauma that inflicts on the family, and the pressure, it just snowballs.

del Norte: You mentioned the shift to chronic homelessness. Can you talk about the challenges of maintaining health when individuals, and family members, experience homelessness in Las Cruces? Can you talk about those challenges, specifically, to health?

Angell: Yeah, it's a lot of our patients at Amador Health Center—I have to remember our new name.

del Norte: I'll bring it up in just a minute.

Angell: A lot of our patients have chronic illness. They, you know, if they have diabetes, and they need insulin, if they're homeless they don't have any place to store it. It has to be refrigerated. So, some of it's a matter of storage for when they do get medications. People stealing medications, even though we don't prescribe controlled substances. People still— They'll lose their backpacks, they'll get [Medications], [but then] they'll go to jail, and get all their stuff taken away, and it won't quite get back to them. But, I think, trying to remember to take your medications, safe storage of it, and when you're worried about where you're gonna sleep at night, it goes back to Maslow's hierarchy of needs. If you're feeling insecure and afraid, and don't know where you're gonna sleep, that's gonna be your first thing that matters.

Angell: Like at Saint Luke's, or Amador Health Center, I'm wanting to do mindfulness meditation groups, and do a lot more alternative therapies for people, but if you don't have food, you're scared to death. All those other needs need to be met before you tack on this kind of thing that can be pleasurable, and help you feel better. You know, calming down, feeling less stressed—

del Norte: Maybe bringing the chronic out of it, just for a little while, to lessen the effects of what they're going through.

Angell: Yeah. And "Chronic is Continuous." There's a lot of people that are "Episodic" homelessness, like I was. I was homeless when I was nineteen. I actually ended-up homeless when I was in my twenties, too, in Albuquerque. But, I had a lot of friends then, and I slept in a friend of mine's carport, in the back of my truck, and it took me ten years to realize: "That was homeless." It didn't last long, but chronic homeless is continuous for three, four years, and also chronic homeless usually has a disability attached to it that's hindering them to be able to get back on their feet, and get housing, like I was able to do the two times I was homeless.

I didn't have a serious mental illness. I did have a substance-use issue because sleeping in the back of my car with what little money I had, I would go have quite a few beers, and then go throw my clothes over my head, so nobody would see me, and pass-out and go to sleep. But, I think a lot of people start abusing substances as a way to feel safer, or block-out what they're undergoing.

Angell: And a lot of people are self-medicating mental illnesses, and that leads to not ever being able to find stable housing unless you come across one of these great HUD programs that they still do have — they're not "Slicing and dicing" everything — like at the Community of Hope, and get into some of their housing programs.

del Norte: Like you mentioned, maybe the Tents-to-Rents project, and having an inroad from the caseworkers over there.

Angell: Yeah. I think what's really neat— Where Nicole Martinez is taken Camp Hope, the tent-city, in making it permanent is it's a waiting room for housing. And when it started it was just: "Here's a temporary place to live," but now it's a waiting room to housing, and people can develop skills, and things they need to— before they get into an apartment because the people who have been living on the streets for ten or twenty years, you put them in an apartment, and it's like, "Whoa!"

A lot of them are very appreciative, love it, get the hang of it, but it takes sometimes like six or eight months, or several different apartments. Moving, getting evicted; moving, getting evicted— before it sticks. But, you think of somebody who's been sleeping outside for twenty years without a wall around them, and they can see everything in their environment when they go to sleep at night, and now suddenly they're in four walls, and, you know, it's a huge adjustment for people.

del Norte: Before I move on to the Amador questions I have coming up, can you talk about some of the disabilities that you mentioned, that you see more often than not? Some of the disabilities that you have to attend to first, or the ones that are most pressing.

Angell: Yes. We see with a lot of people who haven't — not just the chronically homeless or the homeless that are episodic — but generally low-income people who have not had adequate access to healthcare for a long time: We see they come in with five issues. When I go to my doctor, I come in, “Oh,” you know: “I have tennis elbow,” or “My wrist hurts,” or “I have— I'm coughing a lot.” One thing. They come in, they've got, and this is not just the homeless, but low-income people who haven't been able to access health care because of costs, pretty much, or transportation.

They come in: They have open sores on their feet, or their body. They have abscessed teeth. They have high blood sugar levels. Their diabetes is out of control. They have asthma, untreated asthma. Hypertension. They're not— they're malnourished. So, they have, usually three to five, and three is gentle, but three to five major health issues when they come in for a visit the first time.

And then, we triage them at our clinic. And then, our providers, we have nurse practitioners and doctors, they have to prioritize, otherwise the appointment would be two to three hours long.

Angell: So, they prioritize what their needs are, and then try to get them back in for the next [Visit to Amador] Like, “Why don’t we tackle this today?” “Work on your wounds, and get you an inhaler for your asthma. And then, tomorrow or next week, come back, and let’s work on the scabies or the rash that you have.” So, you really can’t conquer it all in a day, but we do get, once people start getting-in and seeing the non-judgmental, loving care that we give to them, they do— We do have a lot of people who come back, and they recognize the importance of engaging in their own healthcare.

And at Saint Luke’s, I’ve seen— One day I was there, early on, my first or second year, and I literally, working in my little computer on paperwork, and seeing what the back story, what’s going-on in the back, a man about thirty-five years old went blind that week from his diabetes, and, you know, his family brought him in. He had sunglasses on. He was completely blind because he didn’t get the care he needed when he needed it. And then, finally they brought him to Saint Luke’s, and we were able to give him care, but you can’t bring back his eyesight, and this was a thirty-five year old man.

So, the changes, to see people make— to see the devastation when they don’t get care early enough, and then also to see people make healthy changes. And it’s been really sad. There’s a lot of sad stories in my background here, but there’s also— there’s more beautiful ones.

Angell: But, one fellow came in, and he had like an old [arrest] warrant, or something, and he was— the jail wanted to lock him up for something. We wrote a letter on his behalf. He was volunteering for us. He was losing weight. He was over-weight. We were treating him for his hypertension, and I'm not sure if he had diabetes, too. He was eating healthy. He was so proud of what he was doing, and then he got — I wrote him a letter to try to keep him out of jail because of “Failure to appear” [Court arrest warrant]. A lot of times, it's stupid reasons that people get thrown back in jail. It's something that I could easily do if I were in the same position. You know, write a check, or [fail to] remember when my appointment was to talk to the judge. So, he got thrown back in jail. They wouldn't accept my letter. I think he got a few other letters, and then he ate garbage. He gained weight. It was institutionalized food.

I think he might have gone back to prison, too. I think he— because he had violated his probation for not appearing to his probation officer, and he came out. He was much more overweight. This was— he was there [incarcerated] like a year, and he died within a couple months. But, he was like on this beautiful path toward volunteering for us, cleaning up, you know, emptying the trash, engaging in his own healthcare, eating good foods, quitting, you know, cake and ice cream. And then, I think, the system kind of failed him due to, I don't know, his underlying charges.

But, a lot of people get arrested for things that you and I would not because we would do it behind closed doors.

Angell: A lot of people, some of the charges they get arrested on, criminal trespassing because they're sleeping behind a business, and it's private property. Urinating in public, you know, drunk and disorderly in public. Well, a lot of other people, they can get drunk and disorderly in their own home, and nobody knows.

del Norte: You remind me of the homeless court that James Sassak is working on with; I believe her name is Joy, in the court system.

Angell: Yes. Joy Goldbaum. The judge— Municipal judge. Yeah, I'm really excited for the homeless court to get started.

del Norte: Do you have any updates on that? I haven't heard about it since I'd spoke with James, but my understanding is it's gonna be over in the [Community of Hope] Resource Room.

Angell: (Simultaneously) No. Yeah, I think Nicole [Martinez] is taking the lead on that, and I have seen Joy. She volunteers at the Fountain Movie Theater I go to every week, and I've talked to her about it, and because I was the director of Community of Hope for ten years, I want to really provide the respect, and the space, for Nicole to excel as she has, and to bring a whole new vision to the tent to— you know, what I contributed for ten years. So, I take back-seats on certain things that are more; that's more the milieu of Community of Hope. Certainly we can support, and it will help our patients, and our clients, and we're all in this together, but I have had a pretty big presence for ten years, and it's— It's somebody else's turn.

Angell: It has been— I've been gone six-and-a-half years, so I certainly know to step back, and concentrate on what I want for this community, and what my new responsibilities are, which is quality health care, and behavioral health care, and medication management, and maybe alternative medicines, and healing people with substance abuse issues. So, I'm focused on that. The court, it's a marvelous idea, and I think getting people to do community service by helping in our agencies will be awful awesome.

del Norte: Okay. It'll be "Awesome" if they actually fulfill community service?

Angell: Yeah, at our agencies.

del Norte: Because I know they do it at El Caldito.

Angell: Yeah, we get some. We do get some from the courts, but a homeless court, and a homeless court can—

del Norte: Oh. So, they never— They just stay all inclusive, rather than having to leave?

Angell: No. They can do community service elsewhere—

del Norte: Gotcha.

Angell: But, I'm just excited because these are people we're gonna know. You know, because we're like "Where's John? He had an appointment on Tuesday. We just saw him three weeks ago?" Well, "John's in jail because he missed his court appointment," or "He didn't pay his fines in time." And living on the streets, trying to pay fines, I think the homeless court can really connect a lot of things, and make sure that we know when people have fines. And it's just: when people are on the street, [it's difficult] for their case managers to always know what's going on with their court cases, and then people are, you know, it's so much more productive, community service, than having people pay fines.

And we're not [as an example] speeding through Arizona on the way to the Grand Canyon, and going through a speed trap in a tiny town of a hundred people, that suddenly—the speed limit went down to like thirty-five when I was on the highway. They need money to pay for their police officers, so I think fines serve a purpose. But, fine those who can afford to pay it, and who it's, you know, it was, it hurt having to pay two-hundred dollars to Arizona, you know, going seventy-five where it went down to thirty-five.

del Norte: It seems like a transparency issue between the community members that can actually help. For instance, being able to communicate with the court, and be transparent about what's going on, so that we can come together to help them rather than be separate –you know, tic-tac, little fines here and there. Or in the worst case scenario, this gentleman that was doing well got caught up, having to go back in [to jail] and institutionalize himself.

Angell: Yeah. Yeah, and I think having easy accessibility in the courts— I covered the courts for five years as a reporter here in Las Cruces, and when there is a defendant, no matter what charge, whether it was, I mostly covered more serious charges, but no matter what charge, if there was an advocate there that person can [more likely] get out on bond. That person can, you know, it really helps. Not just a lawyer. Lawyers help too, but if there's an advocate like a case manager, you know, a CEO who knows this person really well, who can talk to the judge, and say, "Look, I know so-and-so did X and Y—"

And [note that] these cases aren't gonna be violent crimes. It's gonna be drinking in the park, public urination, criminal trespass. It's gonna be pretty misdemeanor cases, I believe, the homeless court. But, if there's somebody, if I'm going on my own, and my employer steps-up, or somebody who knows me really well, I'm gonna get a softer punishment as far as community service, or a more appropriate, maybe not softer, but more appropriate than, "Oh well. We're just gonna throw you back in jail for three months." At what, one hundred dollars a day costs to jail you?

Because we've seen people— We saw, Nicole [Martinez] has this story where somebody we've been trying to get in housing for years, he got his voucher. He had his voucher. I think he did something— Oh, the police saw him here [at Community of Hope] on the property. I don't think he was doing anything at the time, but he had a "Failure to appear" [Arrest warrant] or something. They took him to jail, and he lost his ability to get housing, and it cost us more to put people in jail for a month, or two months, or three months, [and] to pay their fine, than to put them in housing for a year.

Angell: You know, it's three-thousand dollars a day to house somebody in jail. Including case management, it's at most one-thousand dollars a month to put somebody in a house, and keep them there. And if you go to jail for more than thirty days, a lot will go in for thirty days, but that's three-thousand dollars that could be used for putting them in housing, and getting them, having a schtick [Regular schedule and follow-up] to get them into treatment and counseling, because we have a lot of— at Saint Luke's, now we have counselors just waiting to get people in.

del Norte: Well, I want to shift to Amador Health Center, but we've gone over fifty minutes. Would you like to take a break? We can certainly continue.

Angell: Sure. Just a two-minute break.

del Norte: Let's take a break. Yeah.

[Recording paused and resumed]

del Norte: Okay, Pamela. Will you talk a little bit about the clinical services and health care programs that have been constant, accessible resources at Saint Luke's over the years. Some of the examples I have from the brochure are Alcoholics Anonymous, the Cafe Salud, and, what I didn't know about was, the Acudetox. And I'm particularly interested in your approach with the alternative therapies that you've mentioned, and how things have gone since you became the director at Saint Luke's.

Angell: Yes. Saint Luke's, historically, has provided preventive care and pharmacy. So, one thing that we had from the get-go was a pharmacy. We were able to take donated medications, and then we primarily had chronic disease management, primary care, diabetes education and management. And I think the pharmacy really helped with things like asthma, and also hypertension. All of our— We were a free clinic. All of our services were free back then. That was from about 1990 until the Affordable Care Act kicked in 2014.

del Norte: You just brought up Affordable Care Act, and just recently I read that that was an issue in funding. An unintended consequence was you lost funding because of the Affordable Care Act?

Angell: No. Actually the Affordable Care Act really helped Saint Luke's transform from a free clinic with limited services to a fully staffed clinic because the Affordable Care Act expanded the health center program, funding program, under HRSA, which is Health Resources Services Administration. So, in 2015, we were able to access funding to become a federally qualified health center.

Angell: So, that allowed us to expand our hours to five-and-a-half days, hire professional medical staff, paid, which—volunteers are marvelous. The experience that Saint Luke's had volunteering over the years was marvelous, but a paid staff person's gotta be there every day. So, we were able to increase our hours, our staff, our services.

Now, we have a behavior health team, so we do counseling, assessment, diagnosis, medication management for psychiatric medications, so we're able to increase our behavioral health component. Also substance abuse treatment, Seeking Safety [Therapy for] substance abuse. It's actually for people who experience trauma in substance abuse, and helps them learn coping skills. We have substance abuse groups, so we are really able to expand, and the Affordable Care Act kicked all this new money in to expand these health centers and communities that are in dire need of more services. So, we were able to get one of those grants, and then every year, every couple of years, we have to renew it, and we have to prove that we're doing what they want, and we want.

And that was a big change from being a free clinic from 1990 until 2015. We were only open two days a week. We were relying on all volunteer providers. We had a staff of three or four, and now we have a staff of over thirty, and we're open— We've pretty much quintupled the size of our building, the size of our services, or the types of services, the size of our staff, our budget, and our hours of operation.

Everything pretty much quintupled. We got a new building. We took over a vacant suite in the same building.

Angell: Our clinic was always on the right side of the soup kitchen [El Caldito] since 1998 when we moved onto this campus, and now it's on the left, and it's a 1.2 million dollar renovation, primarily done with State [of New Mexico] capital outlay funds. So, our legislators have all joined forces, and helped us put the funding together, and city Community Development Block Grant (CDBG) funds, which they get from the federal government.

And we're on city land, and it's a city building, so all the funding that we've gotten for the building really is revitalizing the city property that hasn't been renovated since it was built in 1998. But, that kind of blew us up into doing, being able to do so much more for the community, and primarily the low-income community, the people without access to care, the homeless who may go to another clinic now that they have Medicaid from the Affordable Care Act, but they may not feel comfortable.

I've talked to somebody yesterday that we brought over to the clinic that was here. He was like, "I don't wanna be around people. I'm afraid to go to the clinic." And we said, "Don't worry. We're gonna— we can bring you into a place where you don't have to wait, where there's [not] anybody there." "We can get you a room, quietly."

And also, just the respect. We don't care if somebody has— if their clothes are dirty, or we need to provide a comfortable place for anybody who comes there because, for instance, our company insurance is switching to one that we take, we didn't take the other one, but we're gonna be having Blue Cross/Blue Shield.

Angell: Not because we wanna be able to serve our employees, but just that's the way it happened. We're switching to an insurance we take, so hopefully some of our staff, including myself, will be going to our clinic.

del Norte: I think that's amazing. Is this something new, and how clinics like this would operate, having the same employee coverage for those that would access the services?

[End first hour of interview]

Interview 7 second hour — July 13th, 2018

Pamela Angell: I think, well, there's all these different options. The option that we chose a few years ago we didn't take as, you know, because we now take a lot of different lines of insurance, and it spun off. They sold the employee health portion to this other company, and so, we were looking at rates and services, and Blue Cross/Blue Shield fit what we wanted, and it just so happens that we take Blue Cross/Blue Shield at Saint Luke's, so staff can go there. I went there when I had the flu. I was self-pay.

We're not a free clinic anymore, but if you're below a hundred percent of poverty you do not pay a dime. So, we do have sliding-fee scale, but one of my board members is even considering coming to our clinic. I was talking to her yesterday. I'm like, "Who's your doctor?" She's like, "Oh, this pr-, I don't even remember her name. She only sees me for five minutes." And I said, "Well, why don't you consider coming to ours?" You know, we take Medicare. She's on Medicare. I said, "We'll see you at least fifteen minutes."

David Lee del Norte: (Chuckles) Right. Right.

Angell: And she's only, "Your doctor will only see you five. We'll spend more time with you than that."

del Norte: I think this is an important connection though, making— helping other people understand that even though it's a clinic for the homeless in this area, that perhaps their dollars can help other folks if they just maybe break that tradition of going to the hospital on the hill, so to speak—

Angell: Yes.

del Norte: —and actually visit Amador Health Center.

Angell: Yeah. We're trying to get the word out because for twenty years, twenty-eight years, twenty-five years, we were a free clinic for only adults, and with all volunteer doctors, and the last three years, we're a free clinic depending on your sliding-fee scale. If you've got no income, we don't turn away anybody for ability to pay, but we also see children. So, we've had a big shift. This is kind of why we changed our name, because Saint Luke's Health Care Clinic means free clinic, open a couple of days a week, barely; all volunteer doctors, only sees adults, doesn't take any insurance.

Amador Health Center is a fully functioning, federally qualified health center. We can take patients of any age, any ability to pay. We take multiple insurance [providers]. We do take Medicaid and Medicare. Our mission is always going to include those who can be— who may have nowhere to go. It's always going to include people who are homeless, people who are undocumented.

Angell: We don't ask about citizenship. People who are indigent. People who have serious mental illness that makes it difficult to be around other people. But, we're not an island. And to be a sustainable clinic in this day and age when health care costs are so expensive, and health care providers staff salaries are so expensive, to be sustainable we really need that diversity. You know, thirty to forty percent of our patients are so low-income they don't pay a dime, so if we can get sixty or seventy percent of our patients who have insurance that would help us do our complete mission.

del Norte: How are you trying to get the word out about what you just explained to me? Is this a campaign beyond just the opening of the new center?

Angell: Yes. We did a little— We had a big grand opening thanks to the two-hundred and eighty-three people who came to our event. We were thrilled. We provided artisan pizza, wood-fired pizza for— I planned on two-hundred, and because I really wanted to hit two-hundred at our grand opening, and we got two hundred and eighty-three, we had plenty of pizza to go. So, we ran out of the backpacks we were giving away, but it was a really nice event, and we changed our name. We did a whole rebranding. We did a logo contest to get our name out there. Unfortunately, we haven't told the people yet who did not win the logo contest because a key person in my department quit two-and-a-half weeks before the grand opening, and a CEO without an administrative assistant is like a bird without wings. That's what I feel like sometimes.

del Norte: So, you're looking for some wings?

Angell: Yeah. I have some interviews today of two administrative assistants. But, yeah, so we did a whole big rebranding. We're gonna be doing social media, revising our website— We're actually gonna pay for marketing this year.

del Norte: Wow.

Angell: We did some advertisement in the Bulletin [Local weekly newspaper]. We did some press releases. We did a spot on KRWG [Radio], where they'll do events, and it's a very reasonable cost to have like a fifteen second spot about our upcoming events, so a lot of people heard that. But, we are doing a lot more outreach. We go to different events that are happening in the community. We go to the [El Caldito] soup kitchen, the [Casa de Peregrinos] food bank. We're working with La Casa [Inc.] We're just trying to do a lot more outreach, and also the schools, the universities, to let people know anybody can come here.

And we're trying to make sure that our lobby is always respectful of our staff, and of the other people that are there, but the day after the health—the day after our grand opening, I walked in, and it was so heartening. First, I saw a woman standing outside. I said, “Buenos Dias,” and she must have recognized me. She said, “Thank you.” And then I said, “Thank you,” and I went over, and we hugged. I said, “Thank you for coming to us, and believing in us.”

Angell: And then I walked in, and there was a fellow with no legs sitting, waiting for an appointment, and another fellow like leaning, kind of leaning over like he was napping— And we do wanna, you know, if you wanna come to our clinic, you need to be there for services inside our clinic, and so, I did ask somebody later, I said, “Is that one, is that man that was napping earlier, did he have an appointment?” And she said, “He was bringing his dad.” So, here’s a thirty year old son who probably worked all night someplace for minimum wage, or all day in a field; he’s bringing his father for health care, and taking a little cat nap.

And so, you may see people that may not make you feel that comfortable, if you go to a posh other clinic elsewhere, but those are people that are, it makes me feel comfortable that they’re there. You know, and if somebody is having some slight issues that, as long as they’re not using foul— like, we’ll police a little bit. No foul language. No major disruptions. But, if there’s somebody who’s struggling that day, I want them there, and I wanna go to a clinic that allows them there. So, it’s— And we have different waiting areas, the way it’s split up, so you can sit in different, you know, if somebody’s bothering you, which I haven’t seen happen yet. You can move to a different waiting area.

del Norte: Is there a security guard?

Angell: We’re working on that.

del Norte: So, maybe.

Angell: We haven't really needed one yet, but—

del Norte: Good.

Angell: We've had one in the past, long ago, fifteen years ago we had a security guard on the [Hope] campus, and that was okay. But, we are working on figuring out the right shift, and pooling our funds to have some security because one thing we do not want is, if you wanna do drugs here, or drink alcohol here, then you don't come here. And that's where we draw the hardcore line. If you're having a bad day, or you have a mental illness, or you haven't been able to take a shower that day, you are welcome here. But, if you are going to shoot up, or smoke something, right in front of my very eyes, which I saw a lot this winter, you are not welcome here. We're never gonna get— Who wants to come to a clinic where you see somebody shooting up? So, we're getting smoking away from our front area. People are being very respectful of our new building, and—

del Norte: I think that's great. Just that they have that understanding of how much this can help them, even if it's unconscious to some of them, they're respecting what's happened.

Angell: And we're going to use the old clinic, which is on the right side of the soup kitchen for— Currently we have a SAMSA [Substance Abuse and Mental Health Services Administration] funded program there, but we're gonna use that for substance abuse, some behavioral health, alternative therapies, different things like AcuDetox.

Angell: That is— it's a protocol by the National Association of Accu-, it's called NADA [National Acupuncture Detoxification Association], which I think is a really cool name, but it's a method of putting needles in, like acupuncture needles in somebody's ears, and it's really meant to prevent stress and addiction. It was started back in, I think, the 1970s to treat crack addicted mothers in the Bronx [New York], and then it's transformed, and it's used for stress relief, tobacco cessation, and it's just kind of a nice way to go and sit quietly, and chill out. So, we're gonna have a room for that there. We do that currently two-days-a-week.

del Norte: And this is part of Cafe Salud?

Angell: No. This is part of the old clinic.

del Norte: Gotcha. Gotcha.

Angell: So, it is part of the Saint Luke's— Amador Health Center services, but most of them are gonna take part in the old clinic space because we're gonna keep that.

del Norte: Do you think that Cafe Salud is happening elsewhere? I mean, it seems like it's something just to bring about a little bit of, maybe, literacy or legibility, so to speak, for those that don't understand that they can take control of their own health care, and I haven't heard about it anywhere else.

Angell: Yeah.

del Norte: Maybe it's just its own name, [and] that it's done other places.

Angell: I created it in 2012—

del Norte: Please, tell me about Cafe Salud.

Angell: —because I was at the clinic — for how long? Six months — and I was working in the old clinic. I had a desk in the corner of the reception area, or the front office reception area— didn't even have my own office. I was working there, and I found out that there was somebody at the tent-city that I had just helped create— You know, that had a cold, got sicker, got even still sicker, and was taken to the hospital by ambulance, and he had full blown pneumonia.

This is a tent-city a hundred yards from a health clinic. Why couldn't we get him into the clinic when he had a cold, and prevent all that cost, all that sickness, all that feeling horrible about this small cold transforming into bronchitis and pneumonia?

So, I thought: we need a way to make— Like, who wants to go to the health clinic? You know, I don't. I'm not jumping for joy going to my doctor's office unless I have an appointment. And so, I thought: we need to make our clinic seem more welcoming to people.

Angell: So, what we did then was we started Cafe Salud. And we had music and food, and we did it in the afternoon, which was horrendous because it was June, July, and August. We had to do it after work because we didn't have enough staff to do it during work— 5 to 7 pm. We had live musicians, food, we'd have different education programs, herbal remedies, exercise, different things. So, that's how it got started, and it was a way to get people from the tent-city, and the homeless community. I can go to a café and drink coffee, and talk to my friends, and hear live music. It was a way to get people who don't have that luxury to be able to do it. So, that's how it started.

And then, it was too hot in the afternoon in the summer to do the whole music thing, but also the growth of Saint Luke's from that staff of four, to a staff of thirty, to a new building— that's taken so much energy and time. Cafe Salud got scaled down. So now, in its current capacity, it's Tuesday mornings, and we changed it, actually, from afternoon to the morning when I was driving into the campus one day, and it was freezing cold, ice on the streets, and there were people lining the parking lot in sleeping bags and blankets as you came into the campus. And I thought, I just— We just opened our door, and we said, "Come on in. Have some coffee."

And then we just decided we'll do it once a week: cereal, oatmeal, different things. We're going to try to continue to do it more now that we're moving, and we've had temporary space. We did it over there. Our temporary space is moving back to the old clinic, [with] the staff that's there, but we don't have a kitchen.

Angell: We had a kitchen in our temporary space, so we're working with El Caldito, and seeing if we can continue, and then my plan is to have a commercial kitchen built into the old clinic. And you need—the first thing right off the bat you need: four sinks. And you need a commercial dishwasher. And there's some very specific things we had to cut out of the budget for the new clinic, when we had that built, so we're gonna do that. And that would give us the capacity to serve food for people at meetings, have another Cafe Salud, have it maybe in the evening when it's not so hot, or use the old clinic as a respite place, too, in addition to some of these services. And then also, with a commercial kitchen we can train people.

del Norte: Sure.

Angell: It's gonna be pretty tight quarters.

del Norte: I just think it's a really good idea in terms of getting them, or getting anyone at Camp, to just branch out a little bit for their needs.

Angell: Yeah. Yeah.

del Norte: Because if they're allowed to be at Camp, and they choose not to go anywhere else, then that can lead to other problems for those, I mean, if they give their cold to someone that's new to Camp, or if someone comes in with a cold, and gives them something, right, and then it's just a public health [issue] on the campus.

del Norte: It's such an interesting concept just to give them that little, just a little bit of comfort where they wouldn't have it otherwise. And I think, what you said about, does anybody want to go to the clinic, and you're right about that. Well, so— [to] just kind of take it out of its context, and make it a positive event, and I just think it's a really good idea. It's much more than I thought it was, as well.

Angell: Yeah. Yeah.

del Norte: I thought it was just a little hour in the morning, or something like that.

Angell: Yeah. It's like two hours. And we have insurance people there to talk about things. We do AcuDetox, so you can have your acupuncture. That's pretty popular during it, and then, we want to have more, but our space was pretty confined. We're always gonna be kind of confined with space, but we have bigger plans for the Amador Health Center. In the back, we're gonna do an exercise yard: Tai Chi, Yoga— I have a staff person that's getting trained as a hypnotherapist. We want to do mindful meditation. There's a lot more that's going to happen.

It takes a lot to move into a new facility that's four times as big, but we're going, you know, as things settle down, and we get more comfortable— We still have a third of our staff to move over, they're still in their temporary space.

Angell: They need to move over into the old clinic. When things settle down, we're— The sky's the limit as far as dreaming of the needs, and the desires of the community, what they want, what they need, what they— Some of it's: "What we think they need." I didn't ask them: "Do you want Cafe Salud?" I did ask them: "What do you need?" And they came up with the tent-city seven years ago. But, so sometimes we need to ask them what they need, but sometimes—

del Norte: Well, how's the attendance then? I mean, is it successful?

Angell: Cafe Salud?

del Norte: Yeah.

Angell: Yeah. We've always had between thirty and sixty or seventy people.

del Norte: That's a lot of people if it's from Camp, and coming onto the campus.

Angell: Yeah. It's mostly rough sleepers, which is—

del Norte: So, they're making way, and they're not at Camp, is what you're saying?

Angell: Yeah, and there's people who are coming who, some of our hard core drug addicts in the community who are homeless are coming, too, but you know what? They get a bowl of Cheerios, and a piece of fruit, and a cup of coffee, and they get invited into AcuDetox, which a lot of them do. They reach out to our case managers, and our peer-support [specialists] are reaching out to them, and getting them into counseling. So, it's kind of an in-house outreach that I think's been quite successful.

del Norte: Can you talk about some of the new programs at Amador Health Center, and you mentioned a few of them, like at back [of the building] you wanna put in exercise, but mainly services to those that are either—

Angell: Yes.

del Norte: —coming in for the first time, or returning. Are there new services to clients? Or would it be [called] “Patients” over there? Would you say—

Angell: It's—

del Norte: —Or just “Clients?”

Angell: There's a battle between [identifying people as] clients and patients. If you're medical, it's patients. If you're not, if you're social work, it's clients. So, we let them call them what they want, and we haven't asked the patients because we don't like "Consumers." That's very popular. And "Individuals," we thought about that, or—

del Norte: Sure.

Angell: Anyway. So, our staff calls them what they want at this point. We did have, like a half-an-hour meeting on it, trying to come up—

del Norte: Suddenly, I've been thinking, you know, perhaps just their name, right? If it's someone that's helping them, they don't need to say, "Well hello, Client Smith" or whatever.

Angell: Yeah, I do.

del Norte: "Hi Bob," or that type of thing.

Angell: Yeah, but when— we prefer third person, or our "Patients." But, we do call them by name. Try to keep it to first because of HIPAA [Health Insurance Portability and Accountability Act]— the privacy.

Angell: But anyway: New service. We're gonna be rolling out even more as time moves on, but we do have counseling, diagnosis, we're doing child welfare checks, sports physicals. We're going to be doing Department of Transportation physicals, what you need if you're gonna be a commercial driver. Crowd disease management, diabetes education, pharmacy.

del Norte: Alright. It just keeps going. Wow.

Angell: It just keeps going. We're gonna do more alternative, we're gonna have hopefully four alternative health fairs this year, where people can test out, or get massage, Reiki. We had one June thirtieth, and it was great. We had massage, Reiki, some of the insurance companies came to give information, and then we also had AcuDetox, mindfulness meditation. We had, I think, about fifty-three people come to that, fifty-six people come to our free alternative wellness fair. So, we're really trying to blend traditional western medication— medicine, which I think is very important. When I was sick, and I got put in the hospital, and I had somebody come [treat me] who was a naturopath, and I said, "No. I want my hardcore antibiotics." So, I think there's a place for both, and who knows, that may have cured me. But, they didn't know what I had, and I could have died, on the other hand.

del Norte: Yeah. Well. I think it's interesting that you took the agency to say what you wanted, the antibiotics, where other people might not know to do that. They'll accept anything that is available, and that's what you're trying to do with Cafe Salud, and the clinic in general, is to make them engaged in their own care.

Angell: Yeah, and have options. So, it's not just— you know there's certain things that people need to take. Insulin, for instance. But, there's things where you can reduce, and depending on your diabetes, where you can exercise, and green vegetables, you know, diet and exercise can actually bring you out of having to take insulin, for some people. Or hypertension— people who are on statins, and different medications. For those that, if they don't take them they could be dead tomorrow. That's a really important thing, but then, we can work with them on getting where they don't need to take them.

I was almost gonna have to be on cholesterol medication, and I was like, "I don't want to." And so my doctor's like, "Well, we'll try. We'll test you next year." "We'll give you a little more time." I still didn't get to where she felt comfortable, so then, I knew it's like either I'm gonna be taking these medications with some side effects, or I need to clean up my act, and I cleaned up my act. I still have high cholesterol, but it's within an "Okay" range.

So, getting people to engage and understand. We have a few meeting rooms where we can fit twelve, fifteen people to do more trainings than we did in the little clinic. So, there's just, I think, one thing that I've really loved about working here on the whole campus for sixteen-and-a-half years is that I can get a dream, or somebody can give me a dream, or an idea, and suggest something, and really we've been able to make it happen over-and-over-and-over again. All these different dreams.

del Norte: Are there future programs that show promise? And I'll just say, are there future dreams? Can you be specific about what they might be?

Angell: Definitely. So, hopefully by the fall, and I'm a year late on this because what I don't wanna do is start something that's gonna fail, and sometimes my timeline gets pushed way back. So, we are going to have a pediatric clinic at Jardin [de Los Niños], and it's called, and it's gonna be called Amador Pediatric Care. We were really on our way to having it, getting there, but then our pediatrician that we contracted with to bring it into fruition, do the licensing and everything, she got a better job offer. And where she was already working they needed her to double her time, so she left. That kind of stalled us. And then I just had to make sure that our clinic was ready to open on time. So, but now—

del Norte: Lots to juggle. Yeah.

Angell: We wanna have a pediatric clinic here in Jardin for the kids. So, and also, we would start out, I think our plan was to start sixty to ninety days with just the kids here, the homeless kids, and then their families, and then see about opening it up to the public, so that other people—

del Norte: Just like the health center, you'd be able to bring your child onto the campus?

Angell: Yes. And here, you can come here [Jardin de Los Niños]. It's a much friendlier place. You know, it's less inhabiting. You know, it's a kids daycare, and we have two beautiful rooms right up front that are already, almost a hundred percent, ready to go. We just need the license. And then, you have an alternative. If you don't wanna bring your kid to the clinic, the kids who are in daycare, they don't have to traipse all the way over. I mean, it's a hundred yards, but a hundred yards—

Sometimes you have to walk through [Community of Hope parking lot and common areas], if you're coming from here [Jardin de Los Niños] you have to walk through a soup kitchen line. If you're parking in front of our clinic, it's a straight shot, and you don't— It's usually pretty comfortable for people.

del Norte: I can understand that, though, I mean once they're here [at Jardin de Los Niños]— I think it's super valuable that they'll be able to stay here.

Angell: Yeah. Also, some of them are in situations where there may be a domestic situation going on. That's why they're homeless. And so, their abuser could be waiting in line at the soup kitchen, you know?

del Norte: Yeah. That's difficult.

Angell: Yeah. So, I think that's a really great thing that we've really got to push and get started. We did get some funding, and Jardin got some funding. It was Jardin's idea, so we're jumping on it. We just— we need to get going on it quick.

del Norte: Before I wrap up the questions here, I want to make sure that I ask about the sustainability of Amador Health Center in terms of all of this funding that's [recently] come in.

Angell: Yes.

del Norte: Is that something that's on the table when you're at a board meeting, or in a committee? How will this sustain in just, literally, two years, or five years?

Angell: Yes. So, we just got our three year grant from HRSA [Health Resources & Services Association]. So, we have another three years of funding that primarily pays for staff, but a huge thing that is worrying many health centers, and many medical people throughout the country, is if Medicaid is going to continue, and Medicare. And so, I believe it is. I keep my one ear open, but I don't want to get too diverted from our current mission, but we do need more patients. We need to probably get— We're at about almost a thousand patients a year. We need to be at fifteen hundred by next year. So, we definitely need to boost our patient load. We have the staffing for it. The more patients we get in, who have Medicaid, or who have private insurance, and are paying; we can bill. Then, we can buy— Sometimes it feels like that: "Hire more medical assistants, and more support staff."

Angell: So, sustainability is really always an issue. And grants can be ripped away at any single moment. I don't think Saint Luke's would ever go out of business, or Amador Health Center would ever go out of business, but it would be a shame to see it have to flatten, and go back to a small, tiny health center again. And I don't really want it to be swallowed up by another entity. That was certainly, in 2013, that was certainly looked at before we got our federal funding grant.

del Norte: An outsourced company would come in, and take over, so to speak?

Angell: Yeah. Or a current health center would take it over. So, one that's already there. They would come in, and we looked at that in 2013 because we were losing so much money. Because what happened was Medicaid came in, and it took us a year to get credentialed as a Medicaid provider. So, Medicaid patients would come in, we could not bill for them because the MCOs [Managed Care Organizations], the four MCOs— Everybody but one took their time to register our agency.

One of them I had been working on it for a year, and they finally, I mean, I got "Trigger-thumb" because of all the paperwork. I was at my wit's end because we were losing, and we only had a staff of four, and volunteers, but still we were losing like ten— ten, twelve thousand dollars a month operating. Seeing all these new patients, more patients, and then losing the ones with Medicaid because they're like, "Well. If I go to you, and then I need X-rays, then I have to go to that doctor to get it." When— and so, it was a nightmare.

del Norte: It sounds like the same problem that lower-middle income folks, even though they have insurance, they're gonna get tacked on, they're gonna get fined, so to speak, just for getting referred.

Angell: Thank you for bringing that up because it reminds me. I felt like: because I'm a CEO, I make decent pay. I might not make what other CEOs make. I don't care. I'm comfortable. I live close to work. I love my job. I'm committed to this community. This community with a "Capital T," here on the campus, plus the wider community but— So, I don't have to worry. I can go to the doctor. I can fly to Spain next week if I wanted to. Take a week off, and visit an old friend or something. I don't have those issues.

But, what I realized a couple years ago at Saint Luke's, and I think a lot of nonprofit directors feel this way, through our job we get to feel what it feels like for those personal people, the struggles they have, the doors that get closed, the bulldozing we have to do. You know, people are like: "Oh. You're so assertive." It's like: We wouldn't have had any of this if I wasn't pushing with my forearms, or phoning people ten, twenty— The things you have to do as a nonprofit leader, to stay sustainable, are very much— I'm so glad you brought it up— Just like the things you have to do as a low-income person to just survive in the world. You know, so it's kind of—

del Norte: Well, thinking of it, and I was speaking from experience. My wife and I had a situation where we got insurance for the first time. We went and accessed services, and then the referrals brought bills that we couldn't pay. And yet, we had jobs.

del Norte: Decent paid jobs, for students, in our thirties and forties, right? But, we couldn't pay any of those bills according to the income that we shared, and it was very close. It was hundreds of dollars difference. Where— and this goes back to eating, or paying rent, or paying a bill. That type of thing.

Angell: Yeah. Yeah.

del Norte: So, I think it's really crucial that you bring up that you do have the resources in your position, but only because you're always working. You're always trying to get what you need for the community to stay above water.

Angell: And a big part of that is gonna be getting people from the community to come to us as a clinic, you know?

del Norte: I think it's wonderful. I just have to throw that in there. I would like to use the clinic in that case. My wife and I don't have a clinic at NMSU. So, I think about—

Angell: Oh yeah.

del Norte: I mean, it's "There," but it's "Not there," right? It's just one of those things. And I think about being able to support the clinic as someone that can pay insurance, bringing my insurance to your clinic.

Angell: Yeah.

del Norte: And that's what— That's really what you're going for, right?

Angell: Yes.

del Norte: Is that those folks, if you make it comfortable for them, and they can get beyond the stigmatization of homeless folks, that they can actually support the community in that direction.

Angell: Definitely.

del Norte: I mean I think it's very (unintelligible) today.

Angell: And it's, also, they don't have to live in their little clustered, homogenous -ish— I mean, at least Las Cruces is a lot more diversified than Fairfield, Connecticut, but their homogenized community, they can— it's nice to be around people of all different diversity. And I've seen nothing, in my sixteen-and-a-half years, from almost any of the homeless but respect for the people that come here to work here, to volunteer here, to donate here, and to get services here.

del Norte: Yeah. I think it's cultural.

Angell: People don't abuse the people that are here to work, and to volunteer, and to seek services. Sometimes they may get into it with each other, like friends do, but friends might do it behind closed doors where they're arguing. Here, there's no— When you're homeless there's no closed doors; there's no roofs; there's no walls.

del Norte: That is an amazing comment. Yeah.

Angell: But, it is a safe. And, I think, by different people in the community coming, and it reduces the stigma, and it makes them feel more a part of society. Instead of: if you're always looked on, spat on, or feel like people always look away from you when you're sitting there or— You know, the way homeless people are treated, which I learned about when I went as a reporter. I did a homeless story, and the biggest thing I got out of being homeless for two days on the streets of Las Cruces, was the loneliness of people turning away from me, and not wanting to look at me, and how prevalent that was.

Everywhere I went people— But, there were a few choice incidents where people came over to me, gave me money, gave me, you know, I wasn't even asking for it, said "Hello," talked to me. So, there's some people in our [Las Cruces] community, our community is a very loving community, but that changes— that's an enormous difference on people. If they feel loved, and welcome, and like one of— than if they feel like they're just this aberration.

Angell: And their behavior will change according to how they're treated. You treat a little kid like they're a dumb nitwit, and call them names, and what do they grow up to be? A dumb nitwit? You treat them with love and care, and what do they do? They share love and care.

del Norte: With this in mind, with compassion, and with your experiences in Las Cruces, can you name three of the most valuable contributions or levels of support that are not present today, that would help the homeless in Las Cruces immediately? And I always try to avoid money—

Angell: Hmm. Hmm. Yes.

del Norte: —that's, of course, in there.

Angell: I don't wanna give you a long answer, but—

del Norte: It's okay.

Angell: I think, number one: recognizing people in different social stratifications as equal. Recognizing all of the people in our whole community, whether they be homeless, or low-income, or undocumented. Recognizing their value as humans, and respecting that, and sharing that lack of judgment that, I think, a lot of us that work on this campus have in our hearts, and that's why we're here.

Angell: So, I think, one is they're no different than you or I. A lot of people are a paycheck away from homelessness, or a lack of family support. Or their one remaining sibling who's been helping support them dies. A lot of people can be in this spot.

A lot of people can't. They have such huge incomes and structures, personal structures, it would be a long fall to be homeless, but we are all the same. We're all human. We all are worthy of respect, dignity. That's the over-arching thing, I think. And I think love helps cure homelessness; love and respect.

And then, of course, more affordable housing, and maybe developing shared housing units. And having the mechanism in place, the case managers to help people get along in housing, but it's much more cost effective to live with somebody than to live alone. And if you're not in a relationship, you know—I lived with, I had roommates until I was like thirty-five years old. I'd rent big houses in Las Cruces, or wherever I've lived; Boston, everywhere. And I had roommates. And we squabbled a little over who did the dishes sometimes, but we had plans.

So, more shared housing, and the support to develop those structures, and to keep people who have been very isolated, [and] on the streets, [and] homeless, to get them to learn how to maneuver that, and finding good matches, because if somebody's struggling with substance abuse, and trying to get healthy, it's hard to do it at different times if you— So, that, I'd say, was number two.

Angell: And unequivocal health care for everybody in our country. Residents. I don't care about citizenship. If you are here, and you get injured, and you get sick, then you get taken care of. And I will give my tax dollars to that long before I'll— I want my tax dollars to go to that, and not a "Space Force." You know, so what is a "Space Force?" You're talking military in outer space? I would much rather have my money, my tax payer dollars, go to support people in the world, in the nation, in my neighborhood [to] access quality health care, and the things they need to survive, than being able to blow up— send a bomb from outer space to hit some beleaguered nation that our leaders aren't happy with.

del Norte: So, you've already touched on this, but how do you envision the future of homeless Communities of Hope in the United States?

Angell: Oh.

del Norte: With this [Hope campus] model. With this inspiration.

Angell: Yeah.

del Norte: I know that Nicole [Martinez] has contact with Durango, and a camp that's forming there—

Angell: Oh. Cool.

del Norte: –and there’s camps in Florida. Eugene, Oregon has one. And they’re all different. They’re not all inclusive like what’s going on, but–

Angell: Yeah.

del Norte: –obviously, this is one of the first models for what is happening in other places.

Angell: Yeah. I think of a “Waiting room to housing.” It’s great to sleep in a tent on vacation, but 24/7, three-sixty-five days a year, is no picnic. So, I think we definitely need temporary housing for people, so that they have a tent-city to go to, but with the understanding that this is a waiting room for housing. And there are people that still want to live in a tent-city, or live in a tent [on the streets or secluded areas]. So, respecting that there are certain people in our community, in our nation, that want to live outside because of their fears, their trauma, their— And giving them that choice, too, that they can remain that way. But, most of the people around here, they might even tell you, “Oh, I’d rather be outside.” That’s not— When you provide them with services, and respect, and love and understanding, that’s not— They liked being in a house, in an apartment.

del Norte: Sure.

Angell: You know. So—

del Norte: I think it's interesting that you bring up folks that want to stay outside, because if we could adjust how we accept them when they do come for help, maybe they can have success in housing, or even if they move on outside, maybe they can have a better way, better available resources, not such a harsh reality for themselves.

Angell: Yeah. And I think it's really a very small percent that want to live outside.

del Norte: Sure.

Angell: People think, "Oh. They wanna be homeless." It's like, "No. They don't." Even if they say they do, there's so much trauma in their lives that they don't know any different. It feels safer to be outside than to be in an apartment, where you may have been raped as a child, or some of your experiences, so— and freedom. I think the freedom's important.

del Norte: Right.

Angell: But, I think I'd rather camp on vacation. And next time I'm not gonna bring my tent if I go to this— the French Perrines. I'm gonna stay in one of these little, cute wooden hovels.

del Norte: Right. Pamela, do you have any concluding thoughts, or questions for me, before we end the recording?

Angell: No. I think we really covered a lot of ground. If you have anything down the road you can always, or need clarification, but I think we did a lot, and I'm really glad I got in the part because I used to think when I worked at Community of Hope, I thought, "You know what, as much as we're giving, putting people in housing, and doing all these other things, what makes me feel the best, at the end of the day, is just the way people are treated, that my staff knows their name, and they feel cared about." Even if they get in trouble one day, and are back the next. You know, there's— We have to have a banned [for Hope campus] list because some people just do— It's getting out of hand, but even they can work their way back in.

del Norte: A whole new day.

Angell: Yeah. I hope. I gotta run and interview somebody.

del Norte: Yeah. Let me go ahead and conclude this recording. Absolutely.

[End of recorded interview]